Witness Expense Claim Form

Please attach ALL receipts and return form to: 'Witness Expenses'
General Medical Council
Regent's Place
350 Euston Road
London NW1 3JN

General Medical Council

Regulating doctors
Ensuring good medical practice

Witness name: *(who the cheque will be made payable to)* Address *(where you would like the cheque sent to)* :	**THIS SECTION TO BE COMPLETED BY THE GMC** Period covered: (from) (to) Name of GMC solicitor/paralegal: GMC Hearing ID:

Date	**Details of expenditure** (e.g. train ticket, bus ticket, miles travelled in private vehicle) *Please ensure you have attached **fully itemised** receipts for all expenditure*	**Miles**	**Rate per mile** (45p)	**Total amount claimed**	**Cost centre**	**Account Code** To be completed by the GMC
						4126
						4126
						4126
						4126
						4126
						4126
						4126
Total				**£**		

Witness signature: Print name: Date:

To be completed by GMC staff member and authorised by an approved signatory:

Authorised: Print Name: Date:

Please return your completed claim form promptly. We aim to reimburse expenses within one month of receipt of your claim form.